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Introduction

It is now widely understood that mental health has a predominant influence on our health and wellbeing, with the National Institute for Health and Care Excellence (NICE) (2009) asserting that those with physical health problems are at risk of developing mental health problems and vice versa. Despite this recognition, Chelala (2013) found that the impact of poor mental health remains high, posing a significant risk to both employees (O'Shea and Kennelly, 2008) and employers (Douglas, 2015). Furthermore concerns have been raised over workplace discrimination, lost productivity, rising cost claims as well as the pressure placed on social welfare systems (OECD, 2012).

The 2014 Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, (NHS Digital (2016) found that approximately one adult in six had a common mental health disorder. The survey considered this was a greater burden of disease (28%), compared to cancer (16%) and heart disease (16%), suggesting reducing mental ill health should be a priority for public health (Davies 2014).

Moreover, the impact of stigma associated with poor mental health prevents individuals from accessing services that have the capacity to improve lives (Corrigan et al, 2014). Suicide remains one of the risk factors associated with poor mental health, with deaths from suicide in the UK rising slightly from 6,122 deaths in 2014 to 6,188 deaths in 2015 (ONS, 2015).

In 2016 mental health issues (including milder mental health problems such as stress, depression and anxiety, and serious disorders such as schizophrenia and bipolar disorder) accounted for 15.8 million working days lost or 11.5% of total absence in the UK (ONS, 2016). This is despite efforts over the past 30 years to reduce the burden by replacing mental healthcare institutions across England with care in the community; service provision being widened to provide focused support and the use of evidence-based treatments being made available through primary care (Gilburt, 2015).

To support organisations to reduce sickness absence, NICE published its 'Workplace health: management practices' guidelines in 2016 (NICE, 2016) and the more recent publication of "Healthy workplaces: improving employee mental and physical health and wellbeing" (NICE, 2017) shows workplace health now features high on the government's agenda and there are now moves to integrate the workplace in the provision of mental health, through public health initiatives and concepts such as capacity building.

More recently transformational programmes have sought to create a sea change in the way in which mental healthcare is delivered from a mainly medical model approach, considered denigrating, paternalistic, inhumane and reductionist (Shah and Mountain, 2007), to that of a biopsychosocial model (Engel, 1977). With its emphasis on a more broader and integrated approach to human behaviour, this model requires the use of effective communication skills in service delivery, to extend care beyond that of the individual to include family members and to emphasise the importance of illness prevention as well as treatment provision (Dogar, 2007).

Parity of Esteem

A number of recently published reports seek to ensure 'parity of esteem' between mental and physical health services, including the 'Five Year Forward View for Mental Health' (Mental Health Taskforce, 2016) and 'Bringing together physical and mental health: a new frontier for integrated care' (Naylor et al., 2016). The conclusions of the Mental Health Taskforce report have been accepted by the NHS in the publication 'Implementing the Five Year Forward View for Mental Health' (NHS, 2016) so it is clear change is on its way.

The concept is also enshrined in The Health and Social Care Act (2012) which calls for mental health services to be seen to be 'as good as' physical health services with a comparable standard of care (Naylor et al., 2016).

However, progress in achieving parity could be overwhelmed by the NHS challenge to provide care to people with one or more long-term health problems. Living with co-morbidities can present significant problems, with many becoming isolated and economically disadvantaged (Naylor et al, 2016). Along with unemployment and a sense of hopelessness, these factors are considered significant risk factors for suicide (Rusch et al., 2014).

Poor mental health is a complex phenomenon caused by a range of factors, including poverty, low wages, poor housing and education, the built environment and a lack of access to transport and recreational facilities (Ryrie and Norman, 2013).

Although, organisations' capacity to address this is limited, in recent years there has been an increasing recognition of the importance of creating workplace environments that promote positive mental health, while continuing to address the impact of chronic physical health problems (Donaldson-Fielder and Podro, 2012).

Despite this, poor mental health remains a growing concern. Department of Health figures (2016) state the cost of mental ill health to the economy, the NHS and society as a whole is £105 billion, and mental health treatment is often fraught with issues such as limited access to talking therapies and medication compliance. Costs must be managed and service provision improved.

Treatment of Mental Health Conditions

Treatment for depression typically involves a mixture of self-help, talking therapies and prescribed medicines (NHS Choices, 2016). Cognitive behavioural therapy (CBT), for example, is a leading evidence based talking therapy (NHS Choices, 2015), which focuses on raising an individual's awareness of firmly held beliefs, attitudes and behaviours with the capacity to disrupt their life (Joseph, 2016). Another therapy, counselling, is defined as focusing on emotional and relational wellbeing (Bond, 2015).

A more recent approach (DoH, 2011) is eye movement desensitisation and reprocessing (EMDR), considered useful for emotional trauma and post-traumatic stress disorder.

Rehabilitation and return to work strategies can help with job retention, enabling an employee to remain in work, preventing an early departure and ensuring that anyone who may not be at full capacity, due to an injury or illness, is fully reintegrated into the workplace (ISSA, 2013).

A Proactive Approach

Organisations with effective mental health and wellbeing strategies recognise that preventive approaches contribute to reducing absence. Wellbeing approaches and health benefits include interventions such as health awareness days, employee assistance programmes (EAPs) and effective absence management policies (Ford, 2014).

Building Community Capacity

Another example of a proactive approach to promoting health and wellbeing is the idea of building community capacity. This is a process where the employer can help to build social capital, strengthen relationships and in turn foster a sense of personal wellbeing (Seabrook, 2010). Social capital defined as the relationships we build and the networks we create; is the means by which we can describe the importance placed on the shared values and trust we utilise in everyday life (Field, 2017).

Capacity building emphasises community and workforce development and "taps into existing abilities of individuals, communities, organisations or systems to increase involvement, decision-making and ownership of issues" (Victoria Health Promotion Foundation, 2012).

The Nursing and Midwifery Council (NMC) (2004) defines capacity building in the context of health promotion and sees it as fundamental to specialist community public health nursing.

The NMC states that capacity building “can be more effective and sustainable if the effort extends beyond traditional health sector boundaries”, (Victoria Health Promotion Foundation, 2012), ie the NHS.

The Victoria Health Promotion Foundation says: “By working across sectors, there is potential to build individual skills, strengthen community action, and empower organisations to promote sustainable health behaviours and support healthy environments.”

This includes creating workplace access to talking therapies so that those who have limited access to community based healthcare services, for instance those who work regular 12-hour shifts, have access to appropriate advice and guidance. By being actively involved in such workplace healthcare initiatives, employees can become personally empowered to take responsibility for supporting their own healthcare needs.

Cost v Outcomes

In 2011 The New Economics Foundation’s publication ‘Five Ways to Wellbeing’ (NEF, 2011), calls for a mental health equivalent of the public health message that encourages people to eat five a day of fruit and vegetables. The NEF (2011) argues mental health and wellbeing can be enhanced by an individual’s sense of purpose and their capacity to contribute to their community through connecting with others. With The Health and Safety Executive (HSE) (2013) emphasising the benefits of healthy employees, including improved efficiency, lower accident figures, reduced employee absence and workforce turnover and research undertaken by PriceWaterhouseCoopers, (2008) indicating that the implementation of wellness programmes can decrease sickness absence by a reported average of 30-40%, it is important that workplace health remains high on the workplace agenda.

Considerable emphasis is now being placed on the importance of positive mental health and wellbeing as mental health is now considered a priority for the Government, with recent policies aiming to create a parity with physical health. Both employers and occupational health can engage with developing proactive efforts to promote public health and the idea of building community capacity for example, is now considered an important aspect of workplace initiatives. It is clear that there is much to celebrate as clinical and Government bodies, seek to improve mental health service provision and to raise the profile of the importance of healthy workplaces. It is essential therefore that employers adopt these new initiatives and work in harmony with others to reduce the risks associated with poor mental health and make the workplace a safer and more welcoming place in which to work.

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